

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005642

STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 279

FILED MAR 13 1962

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Joseph

Length of stay in 1b

34yrs

c. CITY

OR TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) 6423 Carnegie

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Troy

Middle

C

Last

Parmley

4. DATE OF DEATH

Month

Day

Year

March 3, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☐Divorced ☒

8. DATE OF BIRTH

Sept. 2, 1899

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Swift & Co

11. BIRTHPLACE (City and state or country)

Davies Co, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert Parmley

13b. MOTHER'S MAIDEN NAME

Jane Sloan

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Betty Leisure, Greenfield, Indiana

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN

ONSET AND DEATH

8 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Left Hemiplegia

DUE TO (c)

Hypertensive Heart Disease

1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/23/62 to 3/3/62 and last saw her alive on 3/3/62

Death occurred at 8:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

620

22b. ADDRESS

St. St. Joseph, Mo 3/6/62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/6/62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Ayr Cemetery

23d. LOCATION (City, town, or county)

Altamont, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.

Mar 9, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

J. W. D. CRAIG, M.D. MEDICAL CERTIFICATION

MAR 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.